DEVELOPMENT AND TESTING OVERVIEW FOR THE

PARTICIPANT EXPERIENCE SURVEY TOOLS

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Introduction

The Participant Experience Surveys (PES) solicit feedback directly from waiver participants about the services and supports they receive under the Medicaid Home and Community-Based Services (HCBS) waiver program. States can use these data to calculate performance indicators for monitoring quality within their waiver programs, to guide quality improvement projects, and to use in conjunction with other quality management strategies. The PES instruments were developed by The MEDSTAT Group, Inc. (Medstat) under contract to the Centers for Medicare and Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (DHHS).

Current Versions

- PES E/D for the population of frail elderly and adults with physical disabilities.
  - Approximate administration time of 15-20 minutes.
  - 33 performance indicators.
  - Interviewing software to calculate the performance indicators available by winter 2003.
- PES MR/DD for adults with mental retardation or developmental disabilities.
  - Approximate administration time of 30 minutes.
  - 51 performance indicators.
  - Includes 8 “core questions” for participants with severe cognitive impairments.
- PES BI for adults with acquired brain injuries.
  - Currently under development.

Priority Areas of Interest

- Access to Care
- Choice and Control
- Respect and Dignity
- Community Integration

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Development

The PES was developed using a combination of qualitative and quantitative methods.

- An expert panel, the Work Group, provided guidance on the content and scope of the surveys.
  - Members included state Medicaid waiver staff, CMS regional and central office staff, representatives of disability groups, and experts in survey methodology and disability research.
  - Work group identified priority areas relevant to program quality.
- Medstat drafted items to operationalize the priority areas, and reviewed existing tools to identify additional items.
  - Items had to be actionable by states and within the purview of the waiver program.

Testing

The survey items were evaluated and refined through several rounds of testing.

- Phase I — Cognitive Testing
  - In-depth interviews to gauge respondents' interpretation of the survey items.
  - Medstat conducted 40 cognitive pretests in 5 states, across 11 waivers.
  - Interviews ranged from 20 minutes to nearly 2 hours.
  - Iterative process — changes made after each round of testing.
- Phase II — Field Testing
  - Three field test states each drew and interviewed a random sample of 200-400 waiver participants.
  - Specific goals included evaluating logistics of survey implementation, identifying problems with individual items, and providing information on variability for each item.
  - Special field test version of the survey allowed interviewers to record any "problems" with administering each item (e.g. needing to repeat or rephrase questions, or identifying items not understood by the respondent, or instances where responses were perceived as invalid.)
  - Medstat conducted factor analysis of combined field test results for the PES E/D.
  - Medstat also performed a small inter-rater reliability test of the PES E/D.

Results

Many revisions were made to both item wording and ordering based on the results of testing.

- Phase I — Cognitive Testing
  - Changes made to enhance the comprehension, specificity, and appropriateness of the individual items.
  - Efforts made to simplify language whenever possible and to use consistent response patterns.
  - Replacement of Likert-type response categories with primarily dichotomous ("yes/no") response options, to allow the largest number of waiver participants to respond, including non-verbal or severely cognitively-impaired persons.
  - Revised items formed the basis of the field test document.

- Phase II — Field Testing
  - Data collected on "problems" and skip pattern violations use to delete or modify some items, as well as to simplify skip logic in several instances.
  - As with other experience surveys, almost all responses to the satisfaction items were positive.
  - Overall feedback from interviewers and other data suggested that the simplified survey language and dichotomous response options allowed most waiver participants to understand and respond appropriately to the survey items.
    - Estimate about 95 percent of PES E/D respondents and about 80 percent of PES MR/DD respondents able to respond.
    - Additional testing is needed to refine these estimates.
  - In the inter-rater reliability study of the PES E/D, three reviewers recorded the same response to 90 percent or more of the items, suggesting that multiple interviewers can consistently interpret the survey.
  - While the PES was not designed to yield scales or composite measures, factor analysis conducted to see if items could be grouped together for interpretation.
  - Not strong groupings for PES E/D, except a possible grouping of unmet need in activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

Contact Information

For additional information about the development and testing of the PES tools, to register as a PES user, and/or to receive updated and additional versions of the surveys, please e-mail Sara Galantowicz at **sara.galantowicz@medstat.com**.